

FILED

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CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

BY GMH DEPUTY

GRACE L. SANDOVAL
P.O. BOX 712793
SAN DIEGO, CA 92171

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

'09CV 2462 JM BLM

Civil No.

REQUEST FOR APPOINTMENT OF
COUNSEL UNDER THE CIVIL RIGHTS
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);
DECLARATION IN SUPPORT OF
REQUEST

GRACE L. SANDOVAL
v.
SERGIO N. SANDOVAL

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- (A) my claim is meritorious (that is, I have a good case), and
B. I have made a reasonably diligent effort to obtain counsel; and
C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

Yes

X No

6 Yes ~~X~~ No

28 (Attach additional sheets as needed)

1 4. Have you talked with any attorney about handling your claim?
2 Yes ☐ No ☒

3 If "YES," give the following information about each attorney with whom you talked:

4 Attorney: _____

5 When: _____

6 Where: _____

7 How (by telephone, in person, etc.): _____

8 Why attorney was not employed to handle your claim: _____

9 _____
10 _____
11 _____

12 Attorney: _____

13 When: _____

14 Where: _____

15 How (by telephone, in person, etc.): _____

16 Why attorney was not employed to handle your claim: _____

17 _____
18 _____
19 _____

20 Attorney: _____

21 When: _____

22 Where: _____

23 How (by telephone, in person, etc.): _____

24 Why attorney was not employed to handle your claim: _____

25 _____
26 _____
27 _____

28 (Attach additional sheets as needed)

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:
2
3
4
5

6 6. Give any other information which supports your application for the court to appoint an
7 attorney for you:
8
9
10
11

12 7. Give the name and address of each attorney who has represented you in the last 10 years
13 for any purpose:
14
15
16
17
18

19 (Attach additional sheets as needed)

20 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
21 below:

22 A. Employment

23 Are you employed now? ___ yes X no ___ am self-employed

24 Name and address of employer:
25
26
27
28

1 If employed, how much do you earn per month? _____

2 If not employed, give month and year of last employment: AUGUST 29, 2009

3 How much did you earn per month in your last employment? \$ 86.80 SHIFT

4 If married, is your spouse employed? ☐ yes ☐ no

5 If "YES," how much does your spouse earn per month? _____

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7 income? _____

8
9 **B. Assets**

10 **(i) Other Income**

11 Have you received within the past 12 months any income from a business, profession or other
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13 payments or other sources? ☐ yes ☒ no

14 If "YES," give the amount received and identify the sources:

15 \$ Received

Source

16
17
18
19
20
21
22
23
24
25
26
27
28 (Attach additional sheets as necessary)

Have you any cash on hand or money in savings or checking accounts? ____ yes ____ no

If "YES," state total amount:

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? X yes ___ no

If "YES," give value and describe it:

J

Value

Description

27,000.00

2002 HONDA CIVIC LX CAR

350.88

27" JVC TELEVISION

350. 00

SULTAN MATTRESS

58 d. 00

JEWELRY

1,000.00

CLOTHES

108, 80

SHOES

C. Obligations and Debts

(i) Dependents

Your marital state is: ☐ single ☐ married ☒ widowed, separated or divorced.

Your total number of dependents is :

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/Relationship

Monthly Support Payment

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent: _____		
Mortgage _____		
on Home: _____		
Others: _____		

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: NOVEMBER 4, 2009

Walter L. Sandoval
Signature

(Notarization is not required)